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ACUTE ARTICULAR RHEUMATISM.

A CLINICAL LECTURE BY DR. GERHARD, PHILADELPHIA.

I SHALL to-day, gentlemen, take up the subject of acute articular rheumatism, as it is especially prevalent at this season of the year, when the number of other acute diseases is very limited. In summer we have acute abdominal inflammations, and in winter affections of the pulmonary organs, while, during the spring and early summer months, serous inflammations, both of the internal and external membranes, are most common. Acute rheumatism bears some striking relations with the inflammations of internal serous membranes, from the similarity of the mode of treatment which often becomes necessary in both affections, and from the frequent complication of the latter with the former disease. In almost every severe case of the disease under notice, there co-exists inflammation of the covering of the heart, or of the serous membrane lining its cavities. Since this connection between the pathology of articular rheumatism and that of diseases of the heart and its membranes, has been clearly traced, the disease has attracted much interest. I say clearly traced, for the general fact had been long since pointed out, although the subject was not precisely understood. That is, it was in the same situation as many other parts of pathology; affording an indistinct view of the truth, but without that well-defined character which is now required, according to the rules of rigid logic applied to the study of pathology. The line of connection has only been drawn in a definite manner, for a few years past, between acute articular rheumatism, and endocarditis, or inflammation of the lining membrane of the cavities of the heart, and pericarditis, or inflammation of the membrane surrounding it. Dr. Bouillaud, of Paris, has paid particular attention to this subject; he tells us that at least one half the acute articular affections are complicated with pericarditis. In this estimate he is probably wrong, unless with pericarditis we are permitted to include endocarditis. A large number of mild cases, doubtless, run their course without any complication of the kind, but it is usually otherwise when the disease appears under a severe type. Mild cases are slow in their action upon the heart, but, in the severer forms, the advance is rapid, and disease of the heart succeeds almost immediately after the first appearance of the articular symptoms. In chronic cases, the progress of the cardiac affection is slow, and an individual not well acquainted with the disease might be deceived as to the fact of its existence.

We have thus traced two forms of the disease, and I propose bringing under your notice two cases now under treatment in the Philadelphia Hospital, to exemplify them.

The first is that of John Robb, who was admitted into the ward No. 2, on the 11th of April. Previous to his admission he had been ill but a short time ; being an inmate of the Alms-house, he was able to resort to medical assistance quite as soon as is usual in private practice. He had been working on the farm of the establishment for eight months previous to his attack, and had enjoyed good health. On the morning of the sixth he complained of slight pains in his shoulder, but continued at work ; at eleven, P. M., he was taken with severe pain in the hip, which lasted four or five hours, and then, diminishing in the hip, went to the knee. On the seventh it ceased in the right knee and went to the left.

Now, from the character of the affection, thus shown, we can, without going farther, make our diagnosis. I allude to its metastatic character, as exhibited in its leaving one joint and settling in another. This is distinctive of rheumatism.

There was no pain in the ankles, but there was slight pain near the toe. You here mark the course of the disease onwards ; it has reached the toe, and showed a disposition to attack the foot. There had been pain in the right wrist, from an hour before the man's entrance into the hospital. On the ninth and tenth he had pain in the breast, which he referred to a spot below the praecordia, in the region of the diaphragm, and which lasted twenty-four hours, and was increased by coughing. Such pain is usually owing to disease of the heart, which may be merely muscular, but is more frequently caused by inflammation of the serous membranes, lining or covering the heart.

This man had been exposed to no causes of disease, other than those which he was in the habit of encountering. He had, it is true, been wet while working on the farm, but this was not uncommon with him ; he had been long accustomed to working in the rain. This shows how cautious we should be in admitting causes of disease. Some physicians might be disposed to attribute the attack of rheumatism to the last wetting, which could manifestly exercise no greater influence upon the man than a series of previous exposures to the same cause, of no recent standing. I look upon the particular season of the year as the immediate excitant of the disease, and it is for this reason that I have thought it a fitting subject to bring before you, at the opening of my course. If you take the trouble to inquire, you will find that, at this time, the prevalence of rheumatism and rheumatic pains is remarkable.

The case before you being of an acute character, its previous history is not nearly so important as the present state of the individual. It is otherwise in chronic affections, in which the whole anterior history is all-important.

The condition of the patient, at the time of his admission on the eleventh, was as follows. The face was slightly flushed, and presented an expression of pain. This pain, in acute rheumatism, is remarkable ; it usually prevents all exercise and confines the patient to bed.

There was slight soreness in the shoulder, but without swelling or heat; no pain or swelling in the left arm, slight soreness in the right elbow, and severe pain, swelling and heat in the wrist. The same pain, swelling, and heat, extended to all the joints of the hand and fingers, excepting the thumb. There was some pain in both knees, especially in the left; none in the ankles; a little in the right hip; no tenderness of the spine; no cephalgia; tenderness on pressure along the region of the ribs; this was probably the remains of the diaphragmatic pleurisy. The impulse of the heart was feeble, the second sound nearly lost, the first much roughened, a dullness on percussion nearly natural. Treatment, one grain of opium every four hours. The digestive organs were healthy.

Now, let us analyze this case. The first fact worth recollecting, is the absence of tenderness of the spine. This establishes the diagnosis between rheumatism and neuralgia. Hence, the mode of treatment which proves so excellent in the latter affection, may here fail. The state of the heart indicated merely slight valvular disease, and some muscular impediment; there was no effusion, the dullness on percussion being natural, and no creaking sound being heard.

The treatment in this case was after a plan of practice in New England, from which quarter it has been lately strongly recommended; the internal administration of opiates, pushed till felt by the patient.

During the twelfth six grain pills of opium were exhibited, but there was no diminution of pain. Neither sleep nor cephalgia had been induced by the opium. This is an important therapeutic point, demonstrating the antagonizing action which pain exerts in regard to the effects of opium. The first sound of the heart was still rough, but the impulse rather less; no increase of flatness. The state of the heart was, therefore, slightly improved. Pulse eighty-four, of moderate size, and regular; a grain of opium was ordered every two hours, and a laxative enema administered.

On the evening of this day there was some cephalgia, although no deviation of the pupils from the natural state. The dose of opium was diminished to a grain every three hours. Sleep was interrupted by twinges of pain; sweating at night. Eruption of sudamina; pulse seventy-two; pain in right arm increased and extending to the shoulder. Less pain and swelling in the knees, but increase of both in the feet. The action of the heart was more regular and feeble, and the sound less rough. The disease, you perceive, was not in any manner arrested, although you note a decided improvement in the condition of the heart. There was costiveness from the opium, but this, you will soon see, disappeared. Same prescription of opium continued during the thirteenth; hop poultices to most of the painful joints; laxative enemas.

On the fourteenth, the pain having diminished throughout the right arm, began in the left hand and wrist. Here is another point of interest; the translation of the pain from the right to the left limb by metastasis. This is a common thing in articular rheumatism, and, as in this case, the pain does not usually quite cease in one joint, before it begins in the other.

There was slight pain between the shoulders, and diminution of the pain in the knees and feet; pulse seventy-six, fuller and regular; this is somewhat an exception to its usual condition in the disease, it being frequent, small, and quick. Skin warm and dry; sleep very irregular; tongue moist, with a yellowish coat; appetite bad; thirst; three or four stools since the enema; the opium had, therefore, induced no costiveness. No cephalgia or dizziness; slight flush; eyes natural. Opium continued, hop poultice and laudanum to the left wrist.

On the fifteenth, the left hand was worse, and there was pain in the sole of the right foot. The other pains were better; moisture rather than sweating. Opium continued.

The sixteenth, less expression of pain, and less flush; soreness in both shoulders, with slight swelling, but not much constant pain. Slight soreness of the left elbow; much swelling, pain, and heat of the left hand; right hand nearly free from swelling, still slightly painful, but motion returned; pains much diminished in the legs; pain at the ensiform cartilage; palpitations frequent after slight exertion; pulse seventy-two, and soft; decided roughness, almost rasping, in the first sound of the heart, which was not very loud, and heard most distinctly to the left of the nipple; second sound nearly lost. Under the sternum, both sounds of the right side distinctly heard and clear. The first only a little roughened. The precordial dullness commenced only at the left margin of the sternum, and extended to the nipple. The morbid alteration was, therefore, confined to the left side of the heart, implicating the valves; there was, besides, effusion into the pericardium. The opium pills were continued during yesterday and last night every three hours. Hop poultices.

Last night the pupils were somewhat contracted, and little sensible to the light. To-day the face was flushed, and presented an expression of stupor. Disposition to sleep; pupils rather large; no cephalgia; sleep interrupted by pain shooting from the swollen joints. Pulse eighty-eight—softer. Swelling less marked in the left hand. Slight swelling and pain in both knees. No pain in the breast. Impulse of the heart almost lost; both sounds very feeble, without roughness. The disease of the valves is, therefore, diminished. Percussion slightly dull at the upper portion of the left side; flat, down from the third rib, to the same extent as yesterday. Prominence obviously increased. These latter signs are explained by the increased effusion into the pericardium. Still slight diarrhoea; three or four stools in the twenty-four hours. Skin moist, without swelling. A grain of opium every four hours.

This case, gentlemen, of acute disease of the heart, occurring in articular rheumatism, may serve as a type of the affection, which I shall now make the subject of some general remarks, and have occasion to refer to hereafter. There are several peculiarities to be alluded to. In the first place, the changeable character of the affection, shifting, as you have seen it, from joint to joint, denotes the nature of the disease. This is well understood, and universally admitted. But I would have you remark, there was no *metastasis* to the heart. The disease of the

heart appeared, during the most acute stage of the rheumatic fever, which afterwards continued with unabated severity. By physical examination, we ascertained that the pain in the praecordial region proceeded, first, from disease of the valves, indicated by the roughness of the sound; secondly, from effusion, shown by the unnatural dullness on percussion, imperfect action of the heart, &c.

Another symptom to be noticed, is the sweating, which was very slight from the first or second day, although it is generally very severe in acute rheumatism. It is this sweating in rheumatism which has suggested the employment of Dover's powder, and other sudorifics, in its treatment. In this case, opium was alone resorted to, to afford a better test of the powers of the remedy.

The diarrhoea is another feature worth remarking, co-existing, as it did, with the large doses of opium. It was a purely accidental complication, but its occurrence demonstrates that opium, in very large doses, does not produce the same effects as in ordinary doses, thus illustrating a therapeutic law, that remedies, in over doses, do not act upon the system in the same manner, as when administered in the usual quantities. Were it not for this law, patients would die from the action of certain remedies now frequently prescribed. How could tartar emetic be given in the high doses required by the contra-stimulant practice in pneumonia, or calomel, as it is prescribed in the diseases of certain sections of our country?

The pathology of the disease under consideration is still very obscure, although its symptoms are well understood. How much of the disease is like neuralgia, or connected with an affection of the nervous system, and how much belongs to local inflammation, are points that are still unsettled. It is, in this respect, analogous to hooping cough, and some other diseases. We are just as much in the dark, as to effectual curative means for arresting the progress of the affection, though we have any number of palliatives. For the present I refrain from expressing an opinion as to the pathology of rheumatism, but shall consider it partly as nervous and partly as inflammatory in its character. Certain inflammations of internal organs which occur in rheumatism, such as pericarditis, lose this doubtful character, and become decided phlegmasiae; they are accordingly treated without reference to the disease of the joints. When the complication of pericarditis proves fatal, and the opportunity, otherwise rare, of examining persons who die with rheumatism, is obtained, there is almost a total absence of lesion in the joints; but the pericarditis offers the same characteristic appearances, as if it had been induced by exposure to cold, or injury, or some other ordinary cause. The affection of the joints depends so much on a nervous cause, that it presents very slight traces of inflammation. It never terminates in suppuration, or the other usual terminations of inflammation. Dr. Chomel states, that pus is not found in rheumatic joints; the very rare cases in which it is met with, he considers to be mere accidental complications. This opinion, if somewhat modified, is probably the correct one; that is, rheumatic differs from ordinary inflammation in the absence of pus, and its want of fixedness of position. Not so with the accompanying in-

ternal inflammations; they result in the secretion of pus, and effusion of lymph, and are fixed in their locations.

If the pathology of the disease is obscure, equally so are the therapeutics, it being more than doubtful that we possess any exclusive available method of treatment. This subject is very clear, no doubt, to some authors; but, unfortunately, practitioners generally are in the dark. Thus Bouillaud, who regards the affection as merely inflammatory, depletes to the utmost possible extent; and for this exaggerated depletion practice claims great success. His success may have been great, but others who have followed the practice, perhaps without the same enthusiastic confidence, have not been so fortunate. I have given the practice a very fair trial, with every disposition to see it succeed, and, although I afforded relief by one or two moderate bleedings, if persisted in, the result was unfavorable; if pericarditis was present, it was only partially relieved, while the rheumatic affection of the muscular substance of the heart always increased. We thus merely return to the old practice of one or two bleedings at the commencement of the affection; a practice the utility of which is sanctioned by long experience.

Another practice, originating, I believe, in New England, and recommended by Dr. Webb, of Providence, is that which has been followed in the present case—consisting in the administration of very large doses of opium. I have tried it in two cases, in both of which it failed. It succeeded in stupifying the patient, and rendered him less sensible of pain, but produced no decided impression on the disease. It did not prevent the change of place, nor did it remove the pain or swelling. These symptoms persisted, and retained their usual mutability of character. Last summer I pushed the remedy to such an extent as to induce decided narcotism, yet I failed to cut short the disease. The remedy may occasionally obtain the success which is claimed for it, but it is clearly no specific.

Sudorifics are the treatment adopted by some, from a notion that artificial sweating is but an imitation of the curative process of nature. This is certainly not the case; for the sweating is most profuse, while the violence of the disease is persisting. If, however, this discharge be suppressed, from cold or any other cause, it will be proper to resort to sudorifics, to revive this natural secretion, and restore to the patient what he has been deprived of.

Other remedies have been recommended, as narcotics and purgatives, particularly the colchicum, and, what is analogous to it, the veratrum. The colchicum is used in this country and in England, but is not much employed in France. It is very useful as a palliative, though far from being absolutely curative. I have seen it stop the severer symptoms of the disease, for as much as five or six successive days. I use it at the hospital in an uncombined form, preferring, as I do, the administration of simple remedies, particularly in hospital practice, to insure their accuracy of administration, and to enable us to judge of their effects. By giving the wine of the roots or seeds, alone, we may avoid the severe purgation resulting from Scudamore's mixture. Purging may be of service, if the patient can readily bear the motion necessary for

the evacuation of the bowels. But the disadvantage attending frequent rising, is apt to more than destroy the good arising from the revulsive effects of the purging. In medicine, as well as in surgery, inflamed parts must be kept at rest.

These views, as to the effects of remedial agents in rheumatism, differ but little from those of Dr. Chornel, who, perhaps, has more than a due share of scepticism, in relation to therapeutics. It is true, however, that, when diseases, after running a certain course, get well of themselves, they are apt to deceive us as to the value of the remedies employed in treating them. This, I think, is the case with Drs. Bouillaud and Webb. For the opinions of the former of these physicians on this subject, I refer you to the Select Medical Library; and for Dr. Webb's, to the Boston Medical and Surgical Journal, for last year.

I am not disposed to enter into a history of all the different sorts of medications, which have been recommended in rheumatism. Of external applications, cups to the spine, as a counter-irritant, is a most valuable palliative; and, if the neuralgic element of the disease predominates, cupping along the spine will sometimes produce a real arrest of rheumatism. But when the joints are the principal seat of the disease, in most cases much is not to be expected from cups or leeches to the spine; they do better near the joints. Other applications to the parts are directed for the benefit of moisture and warmth. For this purpose, anodyne poultices are useful; none are better than one of hops, steeped in hot water, or vinegar and water, sprinkled with a little laudanum. These are very convenient applications, but cannot be accommodated to all the joints. Opiate frictions may be used, as with a mixture of warm oil and laudanum. I refrain from lead water, or spirituous, or other stimulating embrocations, as the danger of the internal affections, endocarditis, or pericarditis, is somewhat increased by driving the affection from the joint. This practice must be reserved for the sub-acute variety of the disease.

Other local applications of a soothing character may be resorted to, such as the experience of every practitioner will suggest. In the North there are other remedies, the virtues of which are much extolled, such as the green hellebore, *actaea racemosa*, &c. These plants have been tried here, but without the success which is claimed for them. This want of success may depend on our obtaining them only in the dry state, in which their virtues are impaired. But I cannot believe that this is the sole cause of failure; for the most decided action of the remedies will sometimes be produced, without curing the disease.

Though not immediately dangerous, few affections are ultimately more mischievous than acute rheumatism. Diseases of the heart are so apt to originate with it, and to continue after its cessation, that we must hail any plan of treatment, likely to exercise a curative influence over it. I have, therefore, tested the opiate practice, as the last which has been recommended, watching very carefully its effects. I certainly pushed it as far as was prudent; I was not warranted in giving more than one grain every two hours, particularly, as I could not see the patient after each dose, a precaution which is always advisable when giving high doses of opium.

In other cases of the disease, I am willing to try other modes of treatment, which are highly recommended, although I fear that they are all merely palliative, and as such only may do good; at last, we may find some one more efficacious than the others. I am doubtful as to immediate success, though strong in hope. I cannot help agreeing with Chomel, sceptical as he is generally, in believing inflammatory rheumatism an affection not to be cut short by remedies, after having seen so much protracted suffering from it; even in the case of physicians, who were treated under the most favorable circumstances, it has been prolonged to four or five weeks and upwards.

What is the natural duration of acute rheumatism? It is not precisely fixed, but is scarcely ever less than two weeks, and may last for five or six months; at least, the immediate effects may continue so long. Like most diseases, that run a determined course, it averages two or three weeks.

Of the second patient, whom I mentioned, my time will allow me to say little or nothing. He offers signs of disease of the heart, different from the last, chronic dilatation and slight hypertrophy, without disease of the valves, the sounds not being at all roughened. There is effusion into the pericardium, indicated by the increased dullness on percussion. Further details I reserve for another occasion.—*Medical Examiner.*

VARIETIES, OR ANOMALOUS DISEASES.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—An unexpected call, or change of residence, has prevented a proper fulfilment of my promise to yourself and to your valuable Journal. A letter from your esteemed correspondent and agent, Dr. W. A. G., has been received and answered. A constant failure in making collections, and the confused state of our monetary concerns, constitute my apology for delay in payment, which I hope and trust will in some degree modify your feelings towards me, though I acknowledge myself justly bound to pay you the increased charge for your paper. The advantage I derive from your Journal, joined with my present determination to support it, as much as in me lies, I trust, will yet prove me a more punctual correspondent.

In this communication I send you the *first* of *three* cases, which have lately occurred in this neighborhood, and which have been considered *anomalous* in their nature and character. Accompanying this, or by the same mail, I shall send you the *second* case, and which, you will perceive, is analogous to a case communicated from Stafford Co., relative to an extraordinary tumor, which also terminated favorably. These two cases I give you in the very words of the principal attendant practitioner, a gentleman of the most unquestionable attainments and skill in his profession; fortified, also, by the attendance and opinion of one of the most scientific or thorough-bred physicians among us.

I seize upon the little space that offers, to inform you of another

unusqo to speak

instance of success in the use of creosote. A man's hand being badly lacerated in a machine, and the haemorrhage being profuse, and no means at hand being sufficient to stop it, creosote was applied, and proved instantly effectual in checking the flow of blood. H. F.

" Late in the month of December, 1837, I was sent for to see Mrs. C—, of Westmoreland Co., Va., who, a week or ten days previous, had given birth to a child. Mrs. C— was the mother of several children, and had always enjoyed a good share of health. I found her, as I believed, by no means seriously indisposed; a slight fever, some thirst, pain in the head, and a want of sufficient action of the bowels, were the prominent symptoms. Her milk had begun to flow, and the child had been put to the breast. I directed 7 grs. sub. mur. of mer. and 5 grs. of nitrous powder, to be given at bed-time, to be followed next morning by a dose of castor oil, and a blister to the back of the neck, provided the pain continued after the operation of the medicine. So little danger did I apprehend, and so confident was I, that under this treatment she would get well without further medical aid, that I told her anxious husband that I did not think it necessary to repeat my visit, but requested that if, in the mean time, any untoward symptoms should arise, he would then let me know, and I would visit her again.

" Nothing further did I hear for four or five days, when her husband sent me word that she had been considerably better and able to walk about the room, but had been taken worse, and he would be glad if I would come and see her. I did so, and discovered, with the exception of the pain in the head, of which she had been entirely relieved, the symptoms were in other respects identically the same. I repeated the calomel and nitrous powders, directing it to be followed, as before, by a cathartic, and remarked that in two days thereafter I would call again. At the appointed time I did call, and to my great satisfaction found an improvement, as I supposed, in all the symptoms—fever having subsided, pain in the head relieved, constipation overcome, and the patient, to all appearance, rid of suffering and anxiety, and out of danger. On entering the room, she raised herself, extended her hand, with a countenance expressive of ease and cheerfulness, and told me she was then nearly or entirely well; but for a pain in the calf of the leg, which she could scarcely feel except on pressure, *she should be well*. I proposed an examination; to which she objected, assigning as a reason, that it was not of sufficient consequence; but on my saying it would probably be proper to do so, she consented. I could perceive no swelling, no redness, and only, as she had said herself, *pain on pressure*. The pain appeared to be muscular. I advised the application of warm vinegar by means of brown paper, and also opodeldoc or camphorated spirit, and, on leaving her, directed that should the pain appear to ascend and the limb become inflamed and tumefied (an occurrence I did not anticipate), to send and let me know. I never left a patient with less expectation (though I gave such injunctions) that my professional services would be again required. The next morning a messenger was sent in pursuit of me, who informed me that his mistress was considerably worse, with a re-

quest that I would visit her immediately. I did so, and found that though she was perfectly collected, and her countenance natural, respiration was hurried and diaphragmatic, and pulsation in the radial artery had ceased. I at once expressed my apprehensions to her husband, and desired him to send without delay for Dr. M——, one of our most eminent and scientific physicians. On prosecuting the examination further before Dr. M—— arrived, I learnt that the night before, and in about two hours after I left her, she was seized with the most excruciating pain in the leg, which immediately began to swell and turn perfectly black. The facts were but a lamentable confirmation of the statement given me, and a fulfilment of my apprehensions. I found the leg had increased to double its natural size, was then discharging, and had already discharged from a half to one gallon of blood, and that through blisters upon the surface; and strongly threatened, if it had not already reached its incipiency, a termination in *gangrene*. Dr. M—— arrived. To him, as to myself, the case was new and *anomalous*. At first we conjectured it might be the rupture of an aneurism. But not being able to discover any orifice through which the blood could issue, this conjecture was relinquished, and we were left in the dark as to the origin of the haemorrhage and the rapid and unexpected termination of the disease. We had the limb enveloped in a poultice of charcoal, carrot and red oak bark—applied a blister above the mortified part—gave wine and quinine and the mineral acids; but all to no purpose. We met at 10 in the morning, and she died at 11 o'clock at night.

"This clearly was not a case of *phlegmasia dolens*, that disease being slow in its progress, and always attended with an oedematous enlargement of the limb. *Was it connected in any way with the state of the system?* This is our inquiry, and it is deemed of the highest importance. The symptoms are minutely detailed, and now submitted to the medical public. The case, it would seem, is not void of interest, and if we succeed in directing to it the attention of the profession, and any practical good thereby shall result, the end we have in view, in making this communication, will be attained."

Westmoreland Co., Va., April 12th, 1838.

P. S.—In pursuance of my design (made known to you some time since) in regard to botanical research, I would here remark, that I have found the *balm of Gilead tree*, or *balsam tree*, growing in this county to perfection, and it seems may be as useful in *materia medica* as ever it was in the land of Gilead or the plains of Jericho. A green twig or small branch, inserted in the ground, will grow and flourish.

HIGH MORTALITY OF FOUNDLINGS BROUGHT UP BY THE HAND, COMPARED WITH THE MORTALITY OF THOSE SUCKLED.

NUMBER of foundlings at Parthenay, 153; died in one year, 54; deaths out of 100 born, 35.

Number of foundlings at X——, 244; died in one year, 197; deaths out of 100 born, 80.

Of 655 children received at X——, only 66 lived 12 years.

Struck with the enormous mortality at X—, the Abbé Gaillard ascertained that the children were equally well attended at the two places, but that at X— the children were brought up by hand, instead of being suckled, as at Pathenay. The greater number of deaths at X— took place in the first month after birth; and the mortality was at a maximum in autumn, a fact confirmed by many years observation at X—, and other establishments, where the children are not supplied with natural food.

Months.	Births.	Deaths, 0—30 days.
December	17	7
January	16	5
February	28	3
March	23	9
April	20	6
May	18	7
June	18	3
July	18	10
August	30	26
September	7	4
October	29	22
November	20	14

From this table it appears that of 244 children brought to the hospice in five years, 116 died in the course of the first month—48 per cent.; that of 123 children born between January and June, 33 died in the first month; while 83 died out of 121, born between July and December. In the first months of the year the mortality was 27, in the last six months 67 per cent.; of 100 children born between January and June, 73 survived the first month; between July and December only 31 survived.

The mortality is raised by extreme cold; in November and December, 1829, out of 29 children admitted, 19 died in the first month after admission; in July and August of the same year, 11 died in the first month out of 25 admitted.

These facts show very decidedly the evil consequences of denying infants their natural food, and furnish another argument against the fatal practices of those heartless mothers who abandon, or refuse to suckle their own offspring.—*From Recherches sur les Enfants trouvés, par M. L'Abbé Gaillard.*

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A MINERAL NOSE.

DR. HARWOOD, an eminent dentist of this city, has certainly accomplished something new under the sun; he has made an artificial nose for a

shockingly deformed young man, belonging to Spencer, in the County of Worcester, which can hardly be distinguished, on pretty close examination, from a genuine nasal organ. When the patient was six weeks old, while lying upon his back in the cradle, a spark from the fire ignited the cloth spread over his face, which was so horribly burned that the entire nose, even to the ossa nasi or bridge bones above the cartilage, sloughed off level with the cheeks. The expression of this unfortunate being, now perhaps twenty years of age, was disagreeable in the extreme. He came to Boston, ostensibly, we understand, for undergoing the Taliacotian operation; but the breadth of surface between the eyebrows and hair being rather small, Dr. Lewis, who was consulted, was convinced that the chance of success was a limited one, and he therefore recommended him to allow Dr. Harwood to attempt a plan, altogether new in this country, of constructing an artificial nose, of a mineral substance commonly used in dental surgery for artificial gums. The ingenuity of this gentleman has surpassed the expectations of those who have watched his benevolent exertions. The new nose is superior in appearance to those usually constructed by the Taliacotian method. But separately from this consideration, the patient has been saved from a series of protracted sufferings under the knife; and, on this account, every friend of humanity will rejoice in the success which has marked the undertaking. In order to keep the new facial apparatus always snugly in place, a pair of spectacles are indispensable accompaniments. For the sake of others, it obviously devolves upon Dr. Harwood to favor the professional public, at least, with a detailed report of the manner in which this important artificial appendage of the face was fabricated and kept in proper position.

MEDICINE IN TURKEY.

ALTHOUGH a translation of Dr. Oppenheim's essay on the state of medicine, and on the prevailing diseases of European and Asiatic Turkey, appeared some months ago in a foreign publication, and, in an abridged form, recently appeared in Dr. Bell's Eclectic Journal, it will bear still further circulation. Notwithstanding a free correspondence with men of intelligence, physicians, missionaries, and those who have long resided in Turkish cities, and who have been supposed to have had uncommon opportunities for gaining an intimate knowledge of the native practitioners, and the real state of the science of medicine, Dr. Oppenheim has revealed more than was ever before known on the subject, and at the same time explains the true cause of the low ebb at which medicine stands—and, finally, shows himself to be a man of great prudence as well as indomitable perseverance.

"The practitioners of medicine in Turkey are of various kinds and orders—Turks, Greeks, Jews, and Franks or Europeans. The native, or Turkish doctors, are, to a man, ignorant of the first principles of medical science, and the slaves of the most blind empiricism or grossest superstition. Anatomy is totally unknown and unpractised, and must be so while the existing religion is strictly maintained. To the Turks, however regardless of life, every dead body is sacred. The opening of dead bodies is expressly forbid by the Koran, 'even should the dead person have swallowed the most costly pearl, which did not belong to him.' There is admitted no exception to this, except in the case of a

pregnant woman dying while the child gives signs of life ; in which case the Cessarean operation is permitted. The present Sultan, it is true, has had published, by special command, a large work on anatomy and medicine, containing numerous anatomical plates ; but we are told by Dr. Oppenheim, that even this imperfect substitute for dissections is not known to a single practitioner in the empire, except the immediate pupils of the school recently established in Constantinople."

It seems that, honorable as the Turk is proverbially said to be in all mercantile transactions, when it comes to the matter of health, his dishonesty is equally characteristic.

" The sick Turk promises much, but the cured one pays little. (*Medicus in morbis, &c.*) He rarely pays for anything more than the medicine ; and, as the physician most generally makes that up himself, he regulates his charge accordingly. If the patient dies, there is but little chance of the physician receiving anything for his trouble ; and, if he recovers, he soon forgets both disease and doctor. These remarks, however, apply only to the native practitioners ; the Frank or European physician is almost always adequately remunerated, though the Turk does not reward the skill of the physician, but only pays for the actual labor bestowed on him. This is sufficiently indicated by the name given to the physician's honorarium (*Ajakderesi, foot-money*), which is put into his hand, on his departure, by the patient's servant, and amounts generally to a half or a whole *marmudi*, a gold coin worth from twenty to forty Turkish piastres, and equal to from two to four of our German dollars (from five to twelve shillings, English) : besides this, the physician's servant, in most cases, receives as *bakschisch* (drinking money), a *barbut*, the least Turkish gold coin, and equal to about six German groschen (about one shilling, English). When these Ajakderesi are not tendered on the first or second visit, the physician does not repeat the visit till his fees have been sent him, and he is again invited to renew his attendance. In many cases, also, the attendance is not paid for till after the cure, which is particularly the case in attendance at the harem.

" In important cases, particularly in such as require energetic measures, or in cases of surgical operations, specific bargains are made, and these are sometimes settled in presence of the *cadi*. In cases of this kind, the physician engages to cure the patient within a given time, for a stated sum to be paid to him after the recovery. In these cases, the Turks are constantly cheated by the Greeks, as they refuse to delay the payment till after the cure, and insist on receiving a third or even the half of the stipulated sum in advance, well knowing that the chances are, not that the patient will recover, but that he will die, and that the doctor will then lose any unpaid part of the sum agreed on."

The sacredness of the harem is such, that Dr. Oppenheim's account of his own feelings and observations will be read with interest.

" Like every one else, I was extremely anxious to judge from experience of the beauty of the Circassian and Georgian women, who are brought in their earliest youth to Constantinople to be sold, and thence sent into every part of the Sultan's dominions, either to perform the menial offices in the harems, or to bear children to their lords. I was also very desirous to see the interior arrangement and management of those female colonies ; and fortune soon afforded me an opportunity of satisfying my curiosity. The favorite wife of the *Kinja-Bey* (commercial agent) of the governor of Adrianople, had been sick for three days, and the *Pasha*, who placed implicit confidence in me, declared I could

most certainly cure her, if permitted to see her. The Kiaja-Bey, to whom I was not personally known, sent to request me to accompany his Harem-Kiaja, a black eunuch, to his harem, which lay at more than a quarter of a league from his house. We proceeded to a low door, which was opened on our knocking, and were admitted into a garden : here I found an airy pavilion, the coolness of which was preserved by a magnificent fountain and cascades. In this delightful spot I was invited to rest, and served with coffee and a pipe, while my arrival was announced. After a delay of a quarter of an hour, I was conducted through the garden to a second door, where I was received by a veiled woman, the superintendent or portress of the harem, who likewise conducted me through a garden into the building appropriated exclusively to the use of the women ; when a number of slaves and children, white and black, crowded round me with eager curiosity, or peeped from behind the curtains. At last the sick chamber was opened to me ; a neat little apartment with red furniture and closed curtains. The fair patient was lying on cushions arranged on the carpeted floor, close to an ottoman, and covered from head to foot with a white cloth, in such a manner as to leave the beholder in actual doubt of her presence. I was directed to take a seat on the ottoman nearest to the head of the couch, and all the curious attendants were dismissed, leaving in the apartment, besides myself and interpreter, only the two children of the sick lady, of four and five years of age, and an old nurse. The patient answered my questions through the veil without hesitation or prudery ; even such as would not have been considered by young ladies in Europe as very agreeable. When I expressed a desire to feel her pulse, two pretty white hands were protruded from under the covering ; and, when I asked to see her tongue, the patient slightly raised her veil, yet in such a manner as to allow me to obtain a glance of the features of a most lovely brunette, that could scarcely have reached her twentieth year. She, however, instantly after shrunk back under the drapery, like a snail into its shell, and requested I would now leave the room, and address any further questions to the nurse, who was well acquainted with her state. I was consequently conducted by the nurse into the *selamick*, the antichamber of the master, and I was again treated with coffee and a pipe."

If possible, we shall make room for a few more extracts at some future period.

A New Magnetic Electrical Machine.—A short time since we noticed briefly a new machine of this description, of surprising power, invented by Dr. Charles G. Page, of this city. He has since shown us another new form of this instrument, operating upon an entirely new principle, based upon a discovery made by him some months since. The machine is very simple in its construction, and though of small dimensions, exhibits some of the most brilliant and pleasing illustrations in the whole routine of galvanic science. The machine is convertible at once from a superb magneto-electric machine, into a rotary electro-magnetic engine, revolving with astonishing rapidity. The whole operation is produced by a small electro-magnet, weighing half a pound. The shocks from this magnet are so intense that a person standing in the vicinity of the apparatus receives it through the floor. This instrument presents the application of three original discoveries made by Dr. Page, viz., a new method of applying electro-magnetism as a moving power ; a magnet of

superior power and new construction, called by him the Compound Electro-Magnet ; and, lastly, the method of increasing, to a great degree, the magnetic electrical properties of a magnet thus made. Among other wonderful results from this arrangement, is the production of shocks and sparks, by the simple application of a lamp to a piece of bismuth and antimony. We had the pleasure of witnessing this instrument at the shop of Daniel Davis, Jr., philosophical instrument maker, No. 11 Cornhill, who prepares a very neat magnetic machine for the application of galvanism as a remedial agent, which we would recommend to our medical brethren who place confidence in the use of galvanism as a stimulus. This instrument exhibits such a striking advance above all other productions of a like nature in this country or in Europe, that we apprehend it will be viewed with no small degree of interest by the lovers of science throughout the world.

Compliment to Dr. Rodgers.—The pupils of Dr. David L. Rodgers, of New York, have complimented him in a way that must have been gratifying to his feelings. A pair of elegant silver pitchers were presented to him a few days ago in the saloon of the Astor house, in the presence of a select number of friends. From the character of the address delivered on the occasion by Dr. Archer, Dr. Rodgers must be greatly beloved by those who have had the happiness of being under his care in pursuing the study of medicine. Dr. R. retires from practice, having purchased an estate near Geneva lake, which he intends to make his future residence.

Medical Miscellany.—The Governor of Maine has authorized Dr. C. T. Jackson to continue the geological survey of the State ; and Dr. Stevenson, of Portland, has been appointed assistant geologist.—A volume on Medical Jurisprudence, by J. Ray, M.D., is in course of publication by Little & Brown, of Boston. Dr. Dunglison, also, has a new work in press.—Sulphuret of lime has been much used, of late, in diseases of the skin, in Liverpool.—The medical school of Maine is exceedingly prosperous at this time. The number of students attending lectures is seventy-seven.—The annual meeting of the Boston Medical Association was held at the College, Mason Street, on Monday last.—Havana is represented to have been remarkably unfavorable for invalids the past winter. It is thought more foreign sick visitors had died in the time this unfortunate class of visitors usually reside there, than ever occurred before in the same period of time.—Croton oil has been successfully employed, as an external application, in laryngitis complicated with bronchocoele.—A case of incessant vomiting, during pregnancy, which terminated fatally, from actual starvation, in the fourth month, recently occurred in the practice of Dr. J. Johnson, of London. Creosote has been of great service in less severe cases of the same nature.—Dr. Luxenberg, of New Orleans, lately performed the operation for cataract on a female Seminole prisoner who was born blind. The blessing of sight was immediately enjoyed by the patient.—The yellow fever is again said to be prevalent at Havana.—M. Magendie has been very successful in treating tic dououreux by electricity. He passes the current over the nerves affected by means of platina needles. In some instances one single application has cured the patient. Six trials perfectly restored a lady who had suffered dreadfully for three years.

To Correspondents.—Dr. Comstock's report of a case, and Dr. Toothaker's communication on medical botany, were received too late for this No.

Driss.—At Newberry District, S. C., Dr. Elijah Gates, a native of Massachusetts, and graduate of Harvard University.

Whole number of deaths in Boston, for the week ending May 5, 34. Males, 22—Females, 19.
Consumption, 5—drophy on the brain, 9—toothing, 9—rheumatism in the stomach, 1—scarlet fever, 5—inflammatory fever, 1—inflammation of the lungs, 9—disease of the brain, 1—erysipelas, 1—epilepsy, 1—inflammation of the brain, 1—marasmus, 1—suicide, 1—delirium tremens, 1—chorea infantum, 1—drophy in the head, 1—drophy on the chest, 1—fit, 1—old age, 1—cholera, bilious, 1—Inflammation of the stomach, 1—stillborn, 4.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, " Dr. WARE.
On the Principles and Practice of Surgery, " Dr. OTIS.
On Anatomy, " Dr. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—\$100 paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—1f

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

RETREAT FOR INVALIDS.

The profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

A18—mico

TO MEDICAL STUDENTS.

The undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupil.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1838.

July 19—6m

MEDICAL INSTRUCTION.

The subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

SARLANDIERE'S ANATOMY.

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